Chronic Disease Indicators: Indicator Definition

Arthritis among adults aged >= 18 years

Category:	Arthritis
Demographic Group:	Resident persons aged >= 18 years.
Numerator:	Respondents aged >=18 years who report having doctor-diagnosed arthritis.
Denominator:	Respondents aged >=18 years who answered yes or no to the question: "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" (excluding unknowns and refusals).
Measures of Frequency:	Annual prevalence with 95% confidence interval.
Time Period of Case Definition:	Current.
Background:	There are about 46 million adults with doctor-diagnosed arthritis and 18.9 million have arthritis-attributable activity limitation. As the population ages, arthritis is expected to affect an estimated 67 million adults in the United States by 2030*. In 2003 arthritis cost an estimated $128 billion (direct medical and indirect costs). **
Significance :	Monitoring the burden of arthritis is important for estimating the state-specific need for interventions that reduce symptoms, improve physical function, and improve the quality of life for people with arthritis. These programs include self-management education programs that have been shown to reduce pain and costs and physical activity programs that have been shown to improve physical function, mental health, and quality of life.
Limitations of Indicator:	Doctor-diagnosed arthritis is self-reported in BRFSS and was not confirmed by a health-care provider or objective monitoring; however, such self-reports have been shown to be acceptable for surveillance purposes***. Comparisons of tabular data between states should be made with caution because the prevalence estimates are not adjusted for population characteristics (e.g., age) that might explain differences. Unadjusted data are presented in this report to provide actual estimates to help in state-level program planning.
Data Resources:	Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/arthritis/data_statistics/index.htm
Limitations of Data Resources:	As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage (e.g., lower telephone coverage among populations of low socioeconomic status, exclusion of people without land lines, persons in the military, or those residing in institutions), nonresponse (e.g., refusal to participate in the survey or to answer specific questions), or measurement (e.g., social desirability or recall bias).
Healthy People 2010 Objectives:	Needed to measure 2-1 through 2.5 and 2-8 (Focus area 2)

* Hootman JM, Helmick CG. Projections of US prevalence of arthritis and associated activity limitations. Arthritis Rheum 2006;54:226--9.
** Yelin E, Cisternas M, Foreman A, Pasta D, Murphy L, Helmick C. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions—United States, 2003. MMWR 2007;56(1):4–7.
*** Sacks JJ, Harrold LR, Helmick CG, Gurwitz JH, Emani S, Yood RA. Validation of a surveillance case definition for arthritis. J Rheumatol 2005;32:340–7.